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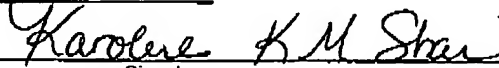
| | | | |
|-----------------------|--|------------|--------------------|
| In re application of: | Michael E. Hepperle et al. | | |
| Application No.: | 10/821,545 | Group No.: | 1626 |
| Filed: | April 9, 2004 | Examiner: | Kristin A. Bianchi |
| For: | BETA-CARBOLINES USEFUL FOR TREATING INFLAMMATORY DISEASE | | |

Practitioner's Docket No. MPI03-043P1RNRCEM

PATENT

Certificate of Transmission under 37 CFR 1.8

1-571-273-8300

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| This Certificate of Transmission under 37 CFR 1.8 | 1 page |
| Transmittal Form | 1 page |
| Petition for Extension of Time under 37 CFR 1.136(a) | 1 page |
| Amendment and Response | 7 pages |

Total Pages **10 pages**
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|--|----------------------|--|-------------------|
| TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small> | Application Number | 10/821,545 | |
| | Filing Date | April 9, 2004 | |
| | First Named Inventor | Michael E. Hepperle et al. | |
| | Art Unit | 1626 | |
| | Examiner Name | Kristin A. Blanchi - Confirmation No. 1289 | |
| Total Number of Pages in This Submission | 10 | Attorney Docket Number | MPI03-043P1RNRCEM |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|----------------------------------|----------|--------|
| Firm Name | Millennium Pharmaceuticals, Inc. | | |
| Signature | <i>Karoline K.M. Shair</i> | | |
| Printed name | Karoline K.M. Shair | | |
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